

Bureau of HIV and STD Prevention Memorandum

To: All TDH Prevention Contractors

From: Bureau of HIV and STD Prevention

Date: March 16, 2004

Subject: Repeat EBI Participants

The guidance provided in this Technical Assistance Bulletin is based on seeking effective, reasonable and appropriate responses to implementation challenges of prevention interventions. Our experience, as well as those of TDH-funded prevention contractors, is evolving and new implementation issues are likely to arise that may change the guidance that is being provided in this TA bulletin. It is our intention to continue to provide the necessary TA for effective implementation of prevention interventions. We ask you to assist us in pointing out how issues may be better addressed and suggest responses, proposals and/or policy or procedure changes that would help in implementing interventions.

Question:

Can EBI participants repeat an EBI enhanced session, i.e., participants relapsed, really enjoyed the sessions, etc.? How would their previous EBI participation affect the pre and post client survey outcome in sessions when the group has some participants repeating the EBI versus participants that are doing the EBI for the very first time?

Response:

- 1. The question above pertains to repeat clients. Dropouts versus repeat clients are different situations, and therefore may be handled differently.
- 2. A repeat client is a participant has completed all sessions of the intervention. This individual "graduates" from the program. There are many reasons a client may seek to reenter a group-level intervention, including relapse, enjoyment, or a desire to help their community.
- 3. A dropout is an individual who does not complete all sessions of an intervention. Unless they are disruptive, dropouts should be welcomed back.
- 4. Dropouts and repeat clients re-enter the intervention from the beginning, attending the entire series in order with a new intact group.

- 5. Before allowing a client to repeat an intervention cycle, the provider must ask the question, 'what is to be gained by this client repeating the sessions? Is there a potential for enhancement of self-efficacy or skills?' Also, one way people learn is through repetition. It is appropriate for a client to re-enter an intervention to reinforce their learning.
- 6. Clients seeking reentry into an intervention *solely* for the purpose of obtaining an incentive should be discouraged.
- 7. Providers must be mindful of the number of repeat clients they allow in a given group. Repeat clients should *not* be a majority. (This does not include "reunions"). Too many repeat clients may effect:
 - a. Group dynamics, as repeat clients 'know all the answers', they may be more assertive. If allowed to dominant, too many repeat clients may inhibit the participation of first time learners within the group.
 - b. Ability to reach outcome objective targets repeat clients may begin the intervention at a higher level of knowledge/skill/ability. As this would be reflected in a higher pretest score, it may be less likely for an increase to have occurred when comparing to their posttest. Example: a repeat client scores 100% on the pretest and posttest measuring HIV transmission knowledge. While this client has achieved the desired knowledge, they have not shown an increase this second time through the intervention.
- 8. A client who completes an intervention cycle, graduates, then six months later relapses and reenters the intervention may be 'counted' in both cycles.
- 9. If an agency has a large number of repeat clients, put this resource to good use! Examples: engaging the repeat clients in recruitment of new clients, creating spin-off groups to aid in changing community norms, or training them to be peer leaders.

If you have any questions or concerns about this and other technical assistance bulletins, please feel free to contact your Field Operations Consultant, or your TDH Regional staff.